

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562513

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2		2		1			52	1	1	1	1		
3		2		1			53		1		1		
4		2		1			54		1		1		
5		2		1			55		1		1		
6		2		1			56		1		1		
7		2		1			57		1		1		
8		2		1			58		1		1		
9		2		1			59		1		1		
10		2		1			60		1		1		
11		2		1			61		1		1		
12		2		3			62		1		1		
13		2		1			63		1		1		
14		2					64		1		1		
15		2					65		1		1		
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25	1	1	1				75						
26		1		1			76						
27		2		1			77						
28		2		1			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32		2		1			82						
33		2		1			83						
34		2		1			84						
35		2		3			85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		2		1			90						
41		2		1			91						
42		2		1			92						
43		2		1			93						
44		2		1			94						
45		2		1			95						
46		2		1			96						
47		2		1			97						
48		2		1			98						
49		2		1			99						
50		2		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓	4	↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS		61				

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